

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>12/20/04</i>
O.I.P.E. CLASSIFIER			<i>01-05-00</i>
FORMALITY REVIEW	<i>DMIL</i>	<i>64169</i>	<i>1-18-00</i>
RESPONSE FORMALITY REVIEW	<i>11</i>	<i>11</i>	<i>6-6-02</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
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